The benefits of a

TORCH Hospital Membership

Get Connected

Be and Get Involved

Gain Experience

About TORCH

Texas Organization of Rural & Community Hospitals (TORCH) is the voice and principal advocate for rural and community hospitals in Texas. We provide leadership in addressing the special needs and issues of these hospitals. For more information, call (512) 873-0045 or visit our website at torchnet.org.

At TORCH we strive to demonstrate our value and commitment to our members through valuable programs, services, education, advocacy, publications, professional development and representation.



TORCH 3309 Forest Creek Drive, Unit 305 Round Rock, TX 78664-6168 (512) 873-0045 torchnet.org As a TORCH Hospital Member,

You will have exclusive access to an array of rural health care resources, services, programs, tools and opportunities to assist you in your current position and future health care career endeavors, including:

- Advocacy and representation,
- Useful and timely information,
- Resource documents and publications,
- Opportunity to use the TORCH logo in marketing materials,
- Potential for marketing opportunities at other conferences or meetings,
- Educational programs designed specifically for rural and community hospitals,
- And more!

Ownership/Type Categories: (check applicable category below)	Management Type: (check applicable category below)		
 □ Governmental/Public □ District: Supported by a local hospital district □ Authority: Supported by a local hospital authority □ City: Supported by the city □ County: Supported by the county 	☐ Independent Administration ☐ Corporate: part of a larger system ☐ Managed: operated by an outside company ☐ Leased: Under an ownership agreement		
☐ Not-for-Profit ☐ Church-related ☐ Other, including NFP Corp	By: JCAHO Certified?	Yes	No
☐ For-Profit ☐ Investor-owned ☐ Corporation ☐ Partnership	Does hospital have: Rural Health Clinic? Home Health Care?		<u> </u>
Number of Licensed Beds Number of Staffed Beds	Designation: Sole Community? Medicare Dependent? Critical Access?	_ _ _	0
DSHS Region/Zone			

TORCH Hospital Membership & Payment Form New Member: 🖵 Renewal: Hospital Name: _____ Administrator Name: Email: Street Address: ______ State: ______ ZIP: _____ Mailing Address: City: ______ State: _____ ZIP:_____ Phone Number: ______ Fax Number: _____ Hospital (in state) General acute care hospital, less than 150 beds in size A. Annual Gross Revenue B. Annual Gross Revenue C. Annual Gross Revenue More than \$50 million: \$3,850 Less than \$10 million: \$1,895 \$10 to \$50 million: \$3,085 Membership Fee Enclosed: ______ **DUES YEAR: JANUARY 1 - DECEMBER 31** Make check payable to: TORCH. Mail to 3309 Forest Creek Dr., Unit 305, Round Rock, Texas 78664-6168 —OR— Use the credit card form below Today's Date: _____ Amount Enclosed: Check Enclosed: VISA: □ MC: □ AMEX: □ DISCOVER: □ Exp Date: _____ Security Code: _____ Credit Card Number: Company Name: _____ Person Authorized to Charge: _____ Signature Authorizing Charge: ______ Billing Address: City: ______ State: _____ ZIP: _____ Email Address: